MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023959 STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 891

FILED JUN 17 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0397		
2	0397		
3			
4	0		
5	1		
6			
7	1		
8	1		
9	204.2		
10			
11			
12	5-0		
13			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b: years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Baptist Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Greene
c. CITY OR TOWN Springfield
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1737 N Sherman
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Theron Middle Vernie Last Morrison

4. DATE OF DEATH: Month June Day 8 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9/25/1898

9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Hospital Maintenance

11. BIRTHPLACE (City and state or country): Misc.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Isaac Morrison

13b. MOTHER'S MAIDEN NAME: Nettie Cox

14. NAME OF HUSBAND OR WIFE: Alma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT: Alma Morrison Address: Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10h
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Monocytic Leukemia — 2½ yrs
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from to and last saw him alive on 6-8-63
Death occurred at 2:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jim Waterfield MD

22b. ADDRESS Springfield Mo

22c. DATE SIGNED 6-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6/12/1963

23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery

23d. LOCATION (City, town, or county) (State) Springfield, Mo.

24. FUNERAL DIRECTOR Chapel of the Ozarks Inc ADDRESS Springfield Mo.

25. DATE RECD. BY LOCAL REG. 6-12-63

26. REGISTRAR'S SIGNATURE Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

JUN 20 1963

AUG 1 1963

Burial 6-10-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard P. Lakin

Licensed Embalmer No. 5159

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.